



COLORADO

Department of Health Care
Policy & Financing

Dear Trading Partner/Submitter,

The Centers for Medicare & Medicaid Services (CMS) Transition Period, where providers can use either the Health Insurance Claim Number (HICN) or the Medicare Beneficiary Identifier (MBI) to exchange data and submit claims, will end December 31, 2019. Starting January 1, 2020, providers that submit claims where Medicare is the primary payer will have to submit claims using MBIs, regardless of the date the service was rendered.

Effective January 1, 2020, on the 834 and 271 transactions, if a member is enrolled in Medicare, only the current MBI will be returned. If a current MBI is not known for a member, then no Medicare ID will be returned.

In an 834 transaction, the HICN will no longer be sent in 2000/REF02 qualified as F6 in 2000/REF01. If a member is enrolled with Medicare and their active Medicare ID is an MBI, then the MBI will be sent in 2000/REF02 qualified as ZZ in 2000/REF01. In a 271 transaction, the HICN will no longer be sent in 2110C/REF02 qualified as F6 in 2110C/REF01. If a member is enrolled with Medicare and their active Medicare ID is an MBI, then the MBI will be sent in 2110C/REF02 qualified as 1W in 2110C/REF01.

For more information about MBIs and exceptions to the MBI deadline, visit the [CMS Medicare Beneficiary Identifiers \(MBIs\) web page](#) and the [MBI Health Care Providers & Office Managers web page](#).

Thank you,

Department of Health Care Policy & Financing

Dear Trading Partner/Submitter,

The Centers for Medicare & Medicaid Services (CMS) has begun implementing a fraud prevention initiative that removes Social Security Numbers (SSNs) from all Medicare cards. The new Medicare Beneficiary Identifier (MBI) is replacing the SSN-based Health Insurance Claim Number (HICN) on new Medicare cards for Medicare transactions such as billing, eligibility status and claim status.

There is currently a [CMS Transition Period](#) that will go through December 31, 2019, where providers can use either the HICN or the MBI to exchange data and submit claims.

The following changes for the [CMS Transition Period](#) will be effective October 4, 2018, for both the 834 and 271 transactions. In an 834 transaction, if a member is enrolled with Medicare and their active Medicare ID is a HICN, then the HICN will continue to be sent in 2000/REF02 qualified as F6 in 2000/REF01. If a member is enrolled with Medicare and their active Medicare ID is a MBI, then the MBI will be sent in 2000/REF02 qualified as ZZ in 2000/REF01.

In a 271 transaction, if a member is enrolled with Medicare and their active Medicare ID is a HICN, then the HICN will continue to be sent in 2110C/REF02 qualified as F6 in 2110C/REF01. If a member is enrolled with Medicare and their active Medicare ID is an MBI,

then the MBI will be sent in 2110C/REF02 qualified as 1W in 2110C/REF01.

For more information about the CMS Transition Period and exceptions to the MBI deadline, go to the [Transition Period web page](#).

For more information about the MBI Format, refer to the [Understanding the MBI Format](#) document.

Thank you,

Department of Health Care Policy & Financing

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